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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Dennis First name W Middle name Jeffrey Last name and Suffix (Sr., Jr., II, III) | Linda First name S Middle name Jeffrey Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3792 | xxx-xx-3368 |

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Debtor 1
Debtor 2
Dennis W Jeffrey
Linda S Jeffrey

Case number (if known)

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
|---|---|--|--|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | | | |
| | EINs | EINs | | | | |
| Where you live | 16424 Horseshoe Drive | If Debtor 2 lives at a different address: | | | | |
| | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | |
| | County | County | | | | |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| Why you are choosing this district to file for bankruptcy Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | Employer Identification Numbers (EIN) you have used in the last 8 years include trade names and doing business as names. Where you live | Any business names and imployer Identification Mumbers (EIN) you have used in the last 8 years include trade names and doing business as names Business name(s) | | | | |

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| Del | otor 2 Linda S Jeffrey | | | | | Case number (if known) | | | |
|-----|---|---|--|---|---|---|--------------|--|--|
| | | | | | | | | | |
| Par | Tell the Court About | Your Bankr | uptcy Ca | ase | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ☐ Chapte | er 7 | | | | | | |
| | | ☐ Chapte | er 11 | | | | | | |
| | | ☐ Chapte | er 12 | | | | | | |
| | | ■ Chapte | er 13 | | | | | | |
| 8. | How you will pay the fee | ■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or che a pre-printed address. | | | | | | | |
| | | ☐ I ne | ed to pa | y the fee in installme ee in Installments (Offi | nts. If you choose this optional Form 1034) | on, sign and attach the Application for Individuals | to Pay | | |
| | | ☐ I rec but i appl | quest that is not rec lies to yo | at my fee be waived (quired to, waive your fo ur family size and you | You may request this optione, and may do so only if your are unable to pay the fee in | n only if you are filing for Chapter 7. By law, a jud ur income is less than 150% of the official povert n installments). If you choose this option, you must | ty line that | | |
| 9. | Have you filed for | ■ No. | | | | | | | |
| | bankruptcy within the | | | | | | | | |
| | last 8 years? | ☐ Yes. | District | | Whon | Casa number | | | |
| | | | District District | | When When | Case number Case number | | | |
| | | | District | | When | Case number Case number | | | |
| | | | District | | vviieii | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your | ■ No. | Go to | line 12. | | | | | |
| | residence? | ☐ Yes. | Has yo | our landlord obtained a | an eviction judgment agains | t you? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial St</i> this bankruptcy petiti | | Judgment Against You (Form 101A) and file it as | part of | | |

Dennis W Jeffrey

Debtor 1

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Dennis W Jeffrey

| Deb | otor 2 Linda S Jeffrey | | | Case number (if known) | | | | | |
|-----|---|---|---|--|--|--|--|--|--|
| | | | | | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Own as a Sole Propri | etor | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | | |
| | | ☐ Yes. | Name and location of bu | usiness | | | | | |
| | A sole proprietorship is a business you operate as | | Name of business, if an | V. | | | | | |
| | an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, St | ate & ZIP Code | | | | | |
| | it to this petition. | | Check the appropriate b | pox to describe your business: | | | | | |
| | | | ☐ Health Care Bus | siness (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | | ☐ Single Asset Re | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | |
| | | | ☐ Stockbroker (as) | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | |
| | | | ☐ Commodity Broken | xer (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | ■ None of the abo | ve | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appreciations. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the prin 11 U.S.C. 1116(1)(B). | | | | | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | | |
| | | ☐ Yes. | I am filing under Chapte | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardous Property or A | ny Property That Needs Immediate Attention | | | | | |
| 14. | Do you own or have any | ■ No. | | | | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | | | |
| | of imminent and identifiable hazard to | | What is the hazard? | | | | | | |
| | public health or safety? Or do you own any | | | | | | | | |
| | property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | | |
| | • | | | Number, Street, City, State & Zip Code | | | | | |
| | | | | | | | | | |

Debtor 1

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Debtor 1 Dennis W Jeffrey
Debtor 2 Linda S Jeffrey

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

] Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-14243 Doc 1 Filed 05/16/18 Entered 05/16/18 11:00:18 Desc Main Document Page 6 of 66

| | otor 1 | Dennis W Jeffrey Linda S Jeffrey | | Document | Case | e number (if known) | | | | |
|------|---|--|---|--|---|---|----------|--|--|--|
| Part | t 6: | Answer These Questi | ons for Re | porting Purposes | | | | | | |
| | Wha | t kind of debts do have? | 16a. | | | | | | | |
| | | | | ☐ No. Go to line 16b. | | | | | | |
| | | | | Yes. Go to line 17. | | | | | | |
| | | | | Are your debts primarily busines money for a business or investmen | | e debts that you incurred to obtain the business or investment. | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | | | |
| | | | 16c. _ | State the type of debts you owe the | at are not consumer debts or b | business debts | | | | |
| 17. | | you filing under oter 7? | ■ No. | I am not filing under Chapter 7. Go | am not filing under Chapter 7. Go to line 18. | | | | | |
| | after | ou estimate that any exempt erty is excluded and | | I am filing under Chapter 7. Do you are paid that funds will be available | | npt property is excluded and administrative reditors? | expenses | | | |
| | adm | inistrative expenses | | □ No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □ Yes | | | | | | | |
| 18. | | How many Creditors do you estimate that you owe? | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | | |
| | | | 50-99 | | □ 5001-10,000 □ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 | | | | |
| | □ 100-199 □ 200-999 | | 10,001 25,000 | | | | | | | |
| 19. | | much do you | □ \$0 - \$5 | 0,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | |
| | | nate your assets to orth? | | 1 - \$100,000 | □ \$10,000,001 - \$50 millior □ \$50,000,001 - \$100 millio | | | | | |
| | | | | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$100 millio | | lion | | | |
| 20. | | much do you | □ \$0 - \$5 | 0,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | |
| | estir to be | nate your liabilities e? | | 01 - \$100,000 | □ \$10,000,001 - \$50 millior □ \$50,000,001 - \$100 millio | | | | | |
| | | | | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$100 millio | | illori | | | |
| Part | t 7: | Sign Below | | | | | | | | |
| For | you | | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | |
| | | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | |
| | | | | ney represents me and I did not pa , I have obtained and read the notic | | ho is not an attorney to help me fill out this 12(b). | | | | |
| | | | I request r | relief in accordance with the chapte | er of title 11, United States Coo | de, specified in this petition. | | | | |
| | | | | y case can result in fines up to \$25 | | money or property by fraud in connection wi to 20 years, or both. 18 U.S.C. §§ 152, 13 | | | | |
| | | | /s/ Denn | is W Jeffrey | /s/ Linda S | | | | | |
| | | | | V Jeffrey of Debtor 1 | Linda S Je Signature of | | | | | |
| | | | Executed | on May 16, 2018 MM / DD / YYYY | Executed or | May 16, 2018 MM / DD / YYYY | | | | |

| Debtor 1 | Dennis W Jeffrey | Document | Page 7 of 66 | | | | |
|---|------------------------------------|--|--------------------------------|------------------------|--------------------------------|--|--|
| Debtor 2 | Linda S Jeffrey | | Cas | Case number (if known) | | | |
| | | | | | | | |
| • | attorney, if you are ted by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second of the control | ed States Code, and have e | explained the relief a | vailable under each chapter | | |
| If you are not represented by an attorney, you do not need to file this page. | | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | s, certify that I have no know | rledge after an inqui | ry that the information in the | | |
| | . • | /s/ David Gallagher | Date | May 16, 2018 | | | |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | | David Gallagher Printed name | | | | | |

Upright Law LLC

Contact phone 312-546-4264 Email address dgallagher@uprightlaw.com

6295024 IL Bar number & State

| | Docume | ent Paue o Ul 00 | |
|--------------------------|--|---|---|
| mation to identify your | case: | | |
| Dennis W Jeffrey | | | |
| First Name | Middle Name | Last Name | |
| Linda S Jeffrey | | | |
| First Name | Middle Name | Last Name | |
| ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| | | | |
| | Dennis W Jeffrey First Name Linda S Jeffrey First Name | Dennis W Jeffrey First Name Middle Name Linda S Jeffrey First Name Middle Name | Dennis W Jeffrey First Name Middle Name Last Name Linda S Jeffrey First Name Middle Name Last Name |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|--------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 236,786.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 19,511.92 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 256,297.92 |
| Paı | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 177,631.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 4,470.56 |
| | Your total liabilities | \$ | 182,101.56 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,386.92 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,816.75 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other scl | hedules. |
| | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Dennis W Jeffrey
Debtor 2 Linda S Jeffrey

Debtor 2 Case number (if known)

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$_____3,121.92

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|-----|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | se 18-14243 | B Doc 1 | | 05/16/18 ument | Entered 05/16 Page 10 of 66 | /18 11:00:1 | L8 De | sc Mai | in |
|---------------|--|--|--|--|---|---|---|---------------|------------|-----------------------------------|
| Fill | in this inforn | nation to identify | your case and th | | | Paue 10 01 00 | | | | |
| Deb | otor 1 | Dennis W Je | effrey | | | | | | | |
| Deh | otor 2 | First Name Linda S Jeffi | | e Name | | Last Name | | | | |
| | use, if filing) | First Name | | e Name | | Last Name | | | | |
| Unit | ted States Ba | nkruptcy Court for | the: NORTHER | N DISTI | RICT OF ILLIN | IOIS | | | | |
| Cas | e number _ | | | | | - | | | | eck if this is an ended filing |
| Sc | hedul | rm 106A/B e A/B: Pr | operty | | | | | | | 12/15 |
| hink nfori | it fits best. Be mation. If more ver every ques | e as complete and a e space is needed, a tion. | accurate as possibl attach a separate s | le. If two heet to th | married people nis form. On the | n asset fits in more than o are filing together, both a top of any additional pag n or Have an Interest In | re equally respon | nsible for su | ipplying c | orrect |
| | o you own or h | t 2. | uitable interest in a | any resid | ence, building, | land, or similar property? | | | | |
| 1.1 | 16424 Hor | sashaa Driya | | What | | ? Check all that apply | | | | |
| | 16424 Horseshoe Drive Street address, if available, or other description | | | Duplex or multi-unit building the amount Creditors | | the amount of | deduct secured claims or exemptions. Put lount of any secured claims on Schedule Dors Who Have Claims Secured by Property. | | | |
| | Tinley Par | k IL | 60487-0000 | | Manufactured Land | or mobile home | Current valu | | | value of the you own? |
| | City | State | ZIP Code | | Investment pro | perty | \$236 | 5,786.00 | | \$236,786.00 |
| | | | | | Timeshare Other | | | | | rship interest |
| | | | | | (such as fee simple, tenancy by the a life estate), if known. | | | | | |
| | Cook | | | | Debtor 1 only | | | | | |
| | County | | | | Debtor 2 only Debtor 1 and D | Ochtor 2 only | | | | |
| | | | | | Denior ratio L | JODIOI Z UIIIY | | | | |

Other information you wish to add about this item, such as local property identification number:

Value According to Zillow

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$236,786.00

☐ Check if this is community property (see instructions)

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

At least one of the debtors and another

Official Form 106A/B Schedule A/B: Property page 1

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| Debto Debto | _ | | Case number (if known) | |
|----------------|---|---|------------------------|--|
| _ | rs, vans, trucks, tractors, sport utility | vehicles, motorcycles | | |
| □ ! ■ ' | No Yes | | | |
| _ | 103 | | | |
| 3.1 | Make: Ford | Who has an interest in the property? Check one | | claims or exemptions. Put |
| | Model: Escape | Debtor 1 only | | ured claims on Schedule D: laims Secured by Property. |
| | Year: 2009 | ■ Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 91,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | Value According to KBB | Check if this is community property (see instructions) | \$4,500.00 | \$4,500.0 |
| 2 | Make: Dodge | Who has an interest in the property? Check one | | claims or exemptions. Put |
| | Model: Dakota | Debtor 1 only | | ured claims on Schedule D: laims Secured by Property. |
| | Year: 2007 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 100,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | Value According to KBB | Check if this is community property (see instructions) | \$3,950.00 | \$3,950.0 |
| 3 | Make: Ford | Who has an interest in the property? Check one | | claims or exemptions. Put |
| | Mustang | ■ Debtor 1 only | | ured claims on Schedule D: laims Secured by Property. |
| | Year: 1976 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: Uknown | _ | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | Value According to KBB | Check if this is community property (see instructions) | \$2,400.00 | \$2,400.0 |
| | Not running, no engine | (See Instructions) | | |
| Exa | | and other recreational vehicles, other vehicles, a watercraft, fishing vessels, snowmobiles, motorcycle | | |
| | | own for all of your entries from Part 2, including te that number here | | \$10,850.00 |
| rt ? | B: Describe Your Personal and Househole | d Itams | | |
| | | interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>E</i> > | susehold goods and furnishings examples: Major appliances, furniture, line No | ens, china, kitchenware | | · |
| | Yes. Describe | | | |
| | Household G | oods and Furnishings | | \$2,100.0 |

Official Form 106A/B Schedule A/B: Property page 2

Entered 05/16/18 11:00:18 Case 18-14243 Doc 1 Filed 05/16/18 Desc Main Document Page 12 of 66 Debtor 1 **Dennis W Jeffrey** Debtor 2 Linda S Jeffrey Case number (if known) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$550.00 **Used Electronics** 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... **Necessary Wearing Apparel** \$600.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$2,000.00 Miscallenous Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$0.00 One dog and cat 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$5,250.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Dennis W Jeffrey Linda S Jeffrey

Case number (if known)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

| Pen | sion | United Food and Commerical Workers Union | \$1,105.0 |
|---|-------------------------------------|---|--|
| Pen | sion | United States of America Railroad Retirement Board | \$2,016.87 |
| Yes. List each account separa | | Institution name: | |
| Retirement or pension accour Examples: Interests in IRA, ER ☐ No | nts ISA, Keogh, 401(k), 4 | 103(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | | | |
| ■ No | • | insici to someone by signing of delivering them. | |
| Negotiable instruments include | personal checks, cas | shiers' checks, promissory notes, and money orders. | |
| | | % of ownership: | |
| Non-publicly traded stock and joint venture No | d interests in incorpo | orated and unincorporated businesses, including an interest in an LLC | , partnership, and |
| ☐ Yes | | | |
| Examples: Bond funds, investm | nent accounts with bro | | |
| 17.4. | Savings | Bank of America Bank Account | \$25.00 |
| 17.3. | Checking | Negative | \$0.00 |
| | | Bank of America Bank Account | |
| 17.2. | Checking | First Midwest Bank Account | \$90.00 |
| 17.1. | Checking | First Midwest Bank Account | \$95.00 |
| ■ Yes | | Institution name: | |
| institutions. If you ha | | | other similar |
| | | at time of filing | \$80.00 |
| | | Cash on hand | |
| ■ Yes | | | |
| Examples: Money you have in y ☐ No | your wallet, in your no | one, in a sale deposit box, and on hand when you life your petition | |
| | □ No ■ Yes | □ No ■ Yes | Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and institutions. It you have multiple accounts with the same institution, list each. No Institution name: 17.1. Checking First Midwest Bank Account 17.2. Checking First Midwest Bank Account Bank of America Bank Account 17.3. Checking Negative 17.4. Savings Bank of America Bank Account Negative 17.5. Checking Negative 18. Savings Bank of America Bank Account Non-publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC Joint venture Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC Joint venture Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC Joint venture Non-publicly traded stock and interests in hocorporated and unincorporated businesses, including an interest in an LLC Joint venture Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC Joint venture Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC Joint venture Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC Joint venture No Section of the Institution of Section Sec |

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| Debto | | · | Case number (if known) | |
|---------------------------|---|--|---|---|
| Y _E | xamples: Agreements wit | eposits you have made so that you | u may continue service or use from a company illities (electric, gas, water), telecommunications companies, | or others |
| | No Yes | Ir | nstitution name or individual: | |
| | , | periodic payment of money to you | , either for life or for a number of years) | |
| | · · · · | r name and description. | | |
| | U.S.C. §§ 530(b)(1), 529 | | ABLE program, or under a qualified state tuition prograr | n. |
| | Yes Institu | ution name and description. Separa | ately file the records of any interests.11 U.S.C. § 521(c): | |
| | - | | n anything listed in line 1), and rights or powers exercise | able for your benefit |
| 26. Pa <i>E</i> | atents, copyrights, trade xamples: Internet domain | emarks, trade secrets, and other n names, websites, proceeds from | intellectual property royalties and licensing agreements | |
| E | xamples: Building permits | | association holdings, liquor licenses, professional licenses | |
| Mone | y or property owed to y | ou? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Ta | ax refunds owed to you | | | |
| | | ation about them, including whether | er you already filed the returns and the tax years | |
| <i>E</i> | • | | child support, maintenance, divorce settlement, property settl | ement |
| E ■ | benefits; unpaid | disability insurance payments, dis d loans you made to someone else | ability benefits, sick pay, vacation pay, workers' compensation | on, Social Security |
| | | | account (HSA); credit, homeowner's, or renter's insurance | |
| | Yes. Name the insurance | e company of each policy and list it Company name: | s value. Beneficiary: | Surrender or refund value: |
| | | Met Life Term Life Insuran | ce | |
| | | No cash value | | \$0.00 |

Entered 05/16/18 11:00:18 Case 18-14243 Doc 1 Filed 05/16/18 Desc Main Document Page 15 of 66 Debtor 1 **Dennis W Jeffrey** Linda S Jeffrey Debtor 2 Case number (if known) 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3.411.92 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Dennis W Jeffrey Debtor 1 Debtor 2 Linda S Jeffrey Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$236,786.00 Part 2: Total vehicles, line 5 56. \$10,850.00 Part 3: Total personal and household items, line 15 \$5,250.00 57. 58. Part 4: Total financial assets, line 36 \$3,411.92 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$19,511.92 \$19,511.92

Official Form 106A/B Schedule A/B: Property page 7

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$256,297.92

| | | Ducume | IIL FAUE 17 UI UU | |
|---------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Dennis W Jeffrey | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Linda S Jeffrey | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemptio |
|--|--------------------------------------|-----------------------------------|---|-----------------------------------|
| | Copy the value from Schedule A/B | Ched | ck only one box for each exemption. | |
| 2009 Ford Escape 91,000 miles Value According to KBB | \$4,500.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2009 Ford Escape 91,000 miles Value According to KBB | \$4,500.00 | | \$2,100.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2007 Dodge Dakota 100,000 miles Value According to KBB | \$3,950.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2007 Dodge Dakota 100,000 miles Value According to KBB | \$3,950.00 | | \$960.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 1976 Ford Mustang Uknown miles Value According to KBB | \$2,400.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| Not running, no engine Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |

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Dennis W Jeffrey Debtor 1 Debtor 2 Linda S Jeffrey Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Household Goods and Furnishings** 735 ILCS 5/12-1001(b) \$2,100.00 \$2,100.00 Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit **Used Electronics** 735 ILCS 5/12-1001(b) \$550.00 \$550.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit **Necessary Wearing Apparel** 735 ILCS 5/12-1001(a) \$600.00 \$600.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Miscallenous Jewelry 735 ILCS 5/12-1001(b) \$2,000.00 \$2,000.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash on hand at time of filing 735 ILCS 5/12-1001(b) \$80.00 \$80.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: First Midwest Bank** 735 ILCS 5/12-1001(b) \$95.00 \$95.00 Account Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: First Midwest Bank 735 ILCS 5/12-1001(b) \$90.00 \$90.00 Account Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Savings: Bank of America Bank 735 ILCS 5/12-1001(b) \$25.00 \$25.00 Account Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit **Pension: United States of America** 735 ILCS 5/12-1006 \$2,016.87 \$2.016.87 **Railroad Retirement Board** Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Pension: United Food and 735 ILCS 5/12-1006 \$1,105.05 \$1,105.05 **Commerical Workers Union** Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Official Form 106C

П

No

Yes

| | | | Document | Page 19 | of 66 | | | |
|----------|-------------------------------|--------------------------|---|----------------|---------------------------|--------------------------|---------------------|--|
| Filli | in this informati | on to identify you | r case: | | | | | |
| Deb | tor 1 | Dennis W Jeffre | A. | | | | | |
| Deb | | First Name | • | Last Name | | - | | |
| Deb | tor 2 | Linda S Jeffrey | | | | | | |
| | | First Name | Middle Name | Last Name | | - | | |
| | 10 | | NODTHERN BIOTRICT OF ILLIN | 1010 | | | | |
| Unite | ed States Bankru | iptcy Court for the: | NORTHERN DISTRICT OF ILLIN | NOIS | | - | | |
| Case | e number | | | | | | | |
| (if kno | | | | | | ☐ Check | if this is an | |
| | | | | | | | led filing | |
| | | | | | | | 3 | |
| Offi | cial Form 1 | 06D | | | | | | |
| | | | Who Have Claims S | ocuroc | hy Proport | V | 12/15 | |
| <u> </u> | nedule D. | Creditors | WIIO Have Claims 3 | ecurec | by Propert | <u>y</u> | 12/13 | |
| Be as | complete and acc | curate as possible. | f two married people are filing together | , both are equ | ually responsible for su | upplying correct informa | tion. If more space | |
| | | ditional Page, fill it o | out, number the entries, and attach it to | this form. Or | n the top of any addition | nal pages, write your na | me and case | |
| | er (if known). | | . • | | | | | |
| _ | | e claims secured by | | | | | | |
| [| ☐ No. Check this | s box and submit the | nis form to the court with your other so | chedules. Yo | ou have nothing else t | to report on this form. | | |
| ı | Yes. Fill in all | of the information | pelow. | | | | | |
| Part | Liet All Se | ecured Claims | | | | | | |
| | | | | | Column A | Column B | Column C | |
| | | | nore than one secured claim, list the credit a particular claim, list the other creditors in | | Amount of claim | Value of collateral | Unsecured | |
| | | | cal order according to the creditor's name. | | Do not deduct the | that supports this | portion | |
| | 1 may 1 | | | | value of collateral. | claim | If any | |
| 2.1 | Ditech | | Describe the property that secures the | | \$20,591.00 | \$236,786.00 | \$0.00 | |
| | Creditor's Name | | 16424 Horseshoe Drive Tinley | / Park, | | | | |
| | | | IL 60487 Cook County | | | | | |
| | Attn: Bankru | | Value According to Zillow As of the date you file, the claim is: Ch | ook all that | | | | |
| | Po Box 6172 | | apply. | IECK all triat | | | | |
| | Rapid City, S | SD 57709 | ☐ Contingent | | | | | |
| | Number, Street, City | , State & Zip Code | ☐ Unliquidated | | | | | |
| | | | ☐ Disputed | | | | | |
| Who | owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | | |
| | ebtor 1 only | | An agreement you made (such as mo | ortgage or sec | ured | | | |
| | ebtor 2 only | | car loan) | | | | | |
| | ebtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, mech | anic's lien) | | | | |
| ПΑ | t least one of the d | ebtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| □с | heck if this claim | relates to a | ☐ Other (including a right to offset) | | | | | |
| • | community debt | | | | | | | |
| | | Opened | | | | | | |
| | | Opened 2/11/98 | | | | | | |
| | | Last Active | | | | | | |
| Date | debt was incurre | | Last 4 digits of account numbe | r 6683 | | | | |
| | | | - | | | | | |
| | Shellpoint Me | ortagae | | | | | | |
| 2.2 | Servicing | ortgage | Describe the property that secures the | e claim: | \$157,040.00 | \$236,786.00 | \$0.00 | |
| | Creditor's Name | | 16424 Horseshoe Drive Tinley | | | | | |
| | | | IL 60487 Cook County | , , , , , | | | | |
| | Attn. Bankru | ntov | Value According to Zillow | | | | | |
| | Attn: Bankru Po Box 1082 | | As of the date you file, the claim is: Ch | neck all that | | | | |
| | Greenville, S | - | apply. | | | | | |
| | | | ☐ Contingent | | | | | |
| | Number, Street, City | , State & ZIP Code | Unliquidated | | | | | |
| Who | owes the debt? | Check one | ☐ Disputed Nature of lien. Check all that apply. | | | | | |
| _ | | OHEOR OHE. | _ | | | | | |
| | ebtor 1 only bebtor 2 only | | An agreement you made (such as mo car loan) | ortgage or sec | ured | | | |
| _ | - | | _ ' | oniolo lion\ | | | | |
| | ebtor 1 and Debtor | 2 only | LI Statutory lien (such as tax lien, mech | anics lien) | | | | |

Official Form 106D

☐ Judgment lien from a lawsuit

lacksquare At least one of the debtors and another

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| Debtor 1 | Dennis W | leffrey | | Cas | se number (if know) | |
|-------------------------|---|--------------------------|---|----------------|-------------------------------|-----------------------------------|
| | First Name | Middle Name | Last Name | | _ | |
| Debtor 2 | Linda S Jet | frey | | | | |
| | First Name | Middle Name | Last Name | | | |
| | if this claim rel unity debt | ates to a Oth | ner (including a right to offset) | | | |
| Date debt | was incurred | Opened 11/96 | Last 4 digits of account number | 9838 | | |
| If this is Write tha | Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$177,631.00 \$177,631.00 | | | | | |
| trying to c | ollect from you reditor for any | for a debt you owe to so | ed about your bankruptcy for a deb omeone else, list the creditor in Pa ted in Part 1, list the additional cred | rt 1, and then | list the collection agency | here. Similarly, if you have more |
| He 11 | | | • | | ne in Part 1 did you enter th | |

Case 18-14243 Doc 1 Filed 05/16/18 Entered 05/16/18 11:00:18 Desc Main Page 21 of 66 Document Fill in this information to identify your case: Debtor 1 **Dennis W Jeffrey** Middle Name Last Name First Name Debtor 2 Linda S Jeffrey (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known) Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of **Total claim** 4.1 **ACL Laboratories** Last 4 digits of account number 9164 \$67.30 Nonpriority Creditor's Name PO BOX 27901 When was the debt incurred? 2018 Milwaukee, WI 53227 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Medical

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| Debtor 1 Debtor 2 | Dennis W Jeffrey Linda S Jeffrey | | Case number (if know) | |
|----------------------|--|---|--|----------|
| | Advocate Christ Medical Center | Last 4 digits of account number | 4709 | \$522.04 |
| I | Nonpriority Creditor's Name PO BOX 4256 Carol Stream, IL 60197 | When was the debt incurred? | 2018 | |
| 7 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| 1 | Debtor 1 only | ☐ Contingent | | |
| 1 | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| • | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ļ | □ Yes | Other. Specify Medical | | |
| | Advocate Medical Group | Last 4 digits of account number | 8656 | \$160.86 |
| : | Nonpriority Creditor's Name 29368 Network Place Chicago, IL 60673 | When was the debt incurred? | 2018 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| I | ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Check if this claim is for a community ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| I | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| [| Yes | Other. Specify Medical | | |
| | Aestehetic Denistry of Frankfort | Last 4 digits of account number | 5600 | \$368.00 |
| | Nonpriority Creditor's Name 10053 W. Lincoln Highway Frankfort, IL 60423 | When was the debt incurred? | 2018 | |
| ī | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| l | Debtor 1 only | ☐ Contingent | | |
| I | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| 1 | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ! | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | 0 0 1 | ration agreement or divorce that you did not | |
| | s the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | a plane, and other similar debte | |
| | ■ No | · | g pians, and other similar debts | |
| | Yes | Other. Specify Medical | | |

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| Linda S Jeffrey | | Case number (if know) | |
|---|--|---|-------|
| Convergent Outsourcing, Inc | Last 4 digits of account number | 9269 | \$320 |
| Nonpriority Creditor's Name Po Box 9004 Renton, WA 98057 | When was the debt incurred? | Opened 12/13 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | Lateta | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharir | og plans, and other similar debts | |
| ■ No | Other. Specify Collection | • | |
| | | | |
| Credit First National Assoc Nonpriority Creditor's Name | Last 4 digits of account number | 3090 | \$(|
| Attn: BK Credit Operations Po Box 81315 | When was the debt incurred? | Opened 08/89 Last Active 08/16 | |
| Cleveland, OH 44181 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharir | g plans, and other similar debts | |
| Yes | Other. Specify Charge Ac | count | |
| Ditech | Last 4 digits of account number | 4984 | \$(|
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6172 | When was the debt incurred? | Opened 11/22/96 Last Active 7/30/16 | |
| Rapid City, SD 57709 Number Street City State Zlp Code | As of the date you file, the claim | is: Chock all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | s. Offect all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| \square Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | Other. Specify Real Estate | Mortgage | |

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| Debtor Debtor | Dennis W Jeffrey Linda S Jeffrey | | Case number (if know) | |
|------------------|--|---|---|----------|
| 4.8 | ER Medical Associates of Paols LTD | Last 4 digits of account number | 9810 | \$38.13 |
| | Nonpriority Creditor's Name PO BOX 5969 | When was the debt incurred? | 2018 | |
| | Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Medical | | |
| 4.9 | High Tech Medical Park Nonpriority Creditor's Name | Last 4 digits of account number | 8656 | \$159.66 |
| | 0236 Momentum Place Chicago, IL 60689 | When was the debt incurred? | 2018 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only ☐ Contingent | | | |
| | ☐ Debtor 2 only ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | o plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | g piano, and one of office | |
| 4.1 | | | | |
| 0 | I C System Inc Nonpriority Creditor's Name | Last 4 digits of account number | 6001 | \$150.00 |
| | 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164 | When was the debt incurred? | Opened 10/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only □ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | |
| | ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | neck if this claim is for a community | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection | Attorney Stephen G Krates D O | |

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| Debtor 2 Linda S Jeffrey | | Case number (if know) | |
|---|--|---|----------|
| .1 I C System Inc | Last 4 digits of account number | 7001 | \$63.00 |
| Nonpriority Creditor's Name 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164 | When was the debt incurred? | Opened 10/14 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No □ Yes | ☐ Debts to pension or profit-sharing ☐ Other. Specify ☐ Collection 2 | Attorney Stephen G Krates D O | |
| .1 Illinois Tollway | Last 4 digits of account number | | \$179.30 |
| Nonpriority Creditor's Name 2700 Ogden Ave Downers Grove, IL 60515 | When was the debt incurred? | 2017 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim: aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Tolls | | |
| Kurtz Ambulance Service Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 7719 | \$99.99 |
| PO BOX 457 Wheeling, IL 60090 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim | 2017 is: Check all that apply | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | | , | |
| Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Medical | | |

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| Debtor 2 | Dennis W Jeffrey Linda S Jeffrey | | Case number (if know) | |
|----------|--|--|--|----------|
| - I | Magellan RS Medicare | Last 4 digits of account number | 7948 | \$586.60 |
| | Nonpriority Creditor's Name PO BOX 780019 Philadelphia, PA 19178 | When was the debt incurred? | 2018 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | | |
| 5 | Malcom S. Gerald and Associates Nonpriority Creditor's Name | Last 4 digits of account number | 8656 | \$84.88 |
| | 332 S. Michigan Ave, Ste 600 Chicago, IL 60604 | When was the debt incurred? | 2018 | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated | | | |
| | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Medical | | |
| | Midwest Anesthesiologists | Last 4 digits of account number | MWA1 | \$70.63 |
| | Nonpriority Creditor's Name 3407 Momentum Place Chicago, IL 60689 | When was the debt incurred? | 2018 | |
| _ | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | ☐ Debtor 2 only ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only □ Disputed | | | |
| | \square At least one of the debtors and another | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | mation agreement of divolce that you did Hot | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical | | |

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| Debtor Debtor | 1 Dennis W Jeffrey 2 Linda S Jeffrey | | Case number (if know) | | | | |
|------------------|--|--|---|----------|--|--|--|
| 4.1 7 | Midwest Center for Digestive Helth | Last 4 digits of account number | 1753 | \$121.81 | | | |
| | Nonpriority Creditor's Name PO BOX 7630 Gurnee, IL 60031 | When was the debt incurred? | 2018 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | Other. Specify Medical | | | | | |
| 4.1 | Midwest Diagnostics Pathology SC Nonpriority Creditor's Name | Last 4 digits of account number | 8901 | \$70.00 | | | |
| | PO BOX 578 Park Ridge, IL 60068 | When was the debt incurred? | 2018 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | Other. Specify Medical | | | | | |
| 4.1 | Municipal Collection Services Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 3511 | \$200.00 | | | |
| | PO Box 327 Palos Heights, IL 60463 | When was the debt incurred? | 2017 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | \square Check if this claim is for a community | · | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □Yes | ■ Other. Specify Tickets | | | | | |

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| | Linda S Jeffrey | | Case number (if know) | |
|----------|---|---|---|----------|
| 4.2 | Ocwen Loan Servicing, LIc | Last 4 digits of account number | 8273 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Research/Bankruptcy 1661 Worthington Road, Suite 100 West Palm Beach, FL 33409 | When was the debt incurred? | Opened 11/22/96 Last Active 3/31/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing | <u> </u> | |
| | Yes | Other. Specify Real Estate | Mortgage | |
| 4.2 1 | Palos Health Nonpriority Creditor's Name | Last 4 digits of account number | 3211 | \$213.13 |
| | PO BOX 83239 Chicago, IL 60691 | When was the debt incurred? | 2018 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | eration agreement or divorce that you did not | |
| | ■ No □ Yes | Other. Specify Medical | g pians, and other similar debts | |
| 4.2 2 | Pulmonary and Critical Care Consult Nonpriority Creditor's Name | Last 4 digits of account number | 6442 | \$63.06 |
| | PO BO X967 Tinley Park, IL 60477 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim | 2018 is: Check all that apply | |
| | □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecuree | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | | |
| | ■ No □ Yes | Other. Specify Medical | g p.c. io, dira otrior diffillal dobto | |

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Dennis W Jeffrey Debtor 1 Debtor 2 Linda S Jeffrey Case number (if know) 4.2 Radiology Imaging Consultants SC 3911 \$49.17 Last 4 digits of account number 3 Nonpriority Creditor's Name PO BOX 71260 When was the debt incurred? 2018 Chicago, IL 60694 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.2 3743 \$0.00 Rcs Mtg Last 4 digits of account number Nonpriority Creditor's Name Opened 11/22/96 Last Active 350 S. Grand Avenue When was the debt incurred? 2/01/16 Los Angeles, CA 90071 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Real Estate Specific ☐ Yes 4.2 \$209.00 **Regional Recovery Serv** 8634 Last 4 digits of account number 5 Nonpriority Creditor's Name 5252 S Homan Ave When was the debt incurred? **Opened 06/15** Hammond, IN 46320 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Aesthetic Dentistry** ☐ Yes Other. Specify Service

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| Debtor 1 Debtor 2 | Dennis W Linda S J | | | Case r | number (ii | f know) | | | |
|----------------------|---|--|---|------------|---------------|---------------------|-----------------|-------------------|--|
| 0 1 | | ction Service | Last 4 digits of account number | 8037 | | | | \$174.00 | |
| I | Po Box 625 | Bankruptcy 0 | When was the debt incurred? | Oper | ned 01/1 | 7 | | | |
| | Madison, W | /I 53716 City State Zlp Code | As of the date you file, the claim | is: Checl | k all that a | vlac | | | |
| | | the debt? Check one. | 7.0 0. 1.10 44.10 year 1.10, 1.10 0.4.11.1 | | it all that a | | | | |
| I | Debtor 1 on | ly | ☐ Contingent | | | | | | |
| ı | Debtor 2 on | ly | ☐ Unliquidated | | | | | | |
| ı | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | | | |
| ı | At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if thi | is claim is for a community | ☐ Student loans ☐ Obligations arising out of a sepa | aration ac | areement o | or divorce that you | did not | | |
| ı | s the claim su | bject to offset? | report as priority claims | | g. 000 c | areree maryea | ald list | | |
| I | No | | Debts to pension or profit-sharing | ng plans, | and other | similar debts | | | |
| I | ☐ Yes | | Other. Specify Collection | Attorn | ey Acl L | aboratories | | | |
| | Village of H | | Last 4 digits of account number | 1667 | , | | | \$500.00 | |
| • | Nonpriority Cred | hrrop St. | When was the debt incurred? | 2017 | , | _ | | | |
| 1 | | City State Zip Code the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| ı | Debtor 1 on | ly | ☐ Contingent | | | | | | |
| ı | Debtor 2 on | ly | ☐ Unliquidated | | | | | | |
| ı | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| _ | | is claim is for a community | ☐ Student loans | | | | | | |
| (| debt | • | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | | bject to offset? | | | | | | | |
| | No | | Debts to pension or profit-sharing | ng plans, | and other | similar debts | | | |
| | ☐ Yes | | Other. Specify Tickets | | | | | | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already Listed | | | | | | |
| is trying have m | g to collect fro ore than one o I for any debts | om you for a debt you owe to som | | Parts 1 | or 2, then | list the collection | n agency here. | Similarly, if you | |
| 6. Total th | ne amounts of | certain types of unsecured claim | s. This information is for statistical r | eporting | j purpose: | s only. 28 U.S.C. § | §159. Add the a | mounts for each | |
| type of | unsecured cla | aim. | | | | | | | |
| | 60 | Domestic support obligations | | 6a. | \$ | Total Claim | 0.00 | | |
| To | 6a. otal | Domestic Support obligations | | ua. | Ф | | 0.00 | | |
| clai from Pa | | Taxes and certain other debts | you owe the government | 6b. | \$ | | 0.00 | | |
| II OIII I a | 6c. | • | jury while you were intoxicated | 6c. | \$ | | 0.00 | | |
| | 6d. | | cured claims. Write that amount here. | 6d. | \$ | | 0.00 | | |
| | 6e. | Total Priority. Add lines 6a throu | ah 6d. | 6e. | \$ | | 0.00 | | |
| | 30. | , | • | | | Total Claim | <u> </u> | | |
| To | 6f. | Student loans | | 6f. | \$ | Total Claim | 0.00 | | |
| clai from Pa | ims | Obligations arising out of a sep | paration agreement or divorce that | 6g. | \$ | | 0.00 | | |

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| Debtor 1 Debtor 2 | Dennis W Jeffrey Linda S Jeffrey | | | Case number (if know) | | | | |
|----------------------|----------------------------------|--|-----|-----------------------|----------|--|--|--|
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 | | | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 4,470.56 | | | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 4,470.56 | | | |

Page 32 of 66 Document Fill in this information to identify your case: Debtor 1 **Dennis W Jeffrey** Middle Name Last Name First Name Debtor 2 Linda S Jeffrey (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | h whom you have the c er, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Olleet | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | City | | State | ZIF Code | |
| 2.3 | | | | | <u> </u> |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | - |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | IVallic | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | 0, , | | | _ |
| | Number | Street | | | |
| | 0.1 | | 0, , | 710.0 | _ |
| | City | | State | ZIP Code | |

Page 33 of 66 Document Fill in this information to identify your case: Debtor 1 **Dennis W Jeffrey** Middle Name Last Name First Name Debtor 2 Linda S Jeffrey (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106H **Schedule H: Your Codebtors** 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. ■ No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 ☐ Schedule D, line Name ☐ Schedule E/F, line _ ☐ Schedule G, line Number Street City State ZIP Code 3.2 ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line

Street

State

Number

City

ZIP Code

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| | | | | | | _ | | | |
|----------|--|--|-----------------------|--------------|-------|--------------------|----------------------------|------------------------------------|----------|
| Fill | in this information to identify y | our case: | | | | | | | |
| Del | btor 1 Dennis | W Jeffrey | | | | | | | |
| | btor 2 Linda S | Jeffrey | | | _ | | | | |
| Uni | ited States Bankruptcy Court fo | or the: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| (If kr | se number nown) | | - | | | - 11 | nded filing ement showi | ng postpetition following date: | |
| <u>O</u> | fficial Form 106l | | | | | MM / DI | D/ YYYY | | |
| S | chedule I: Your I | ncome | | | | | | | 12/15 |
| atta | use. If you are separated and ch a separate sheet to this for the describe Employn Fill in your employment information. | orm. On the top of any additi | | | | d case number | (if known). | | |
| | If you have more than one jo | h | ☐ Employed | | | | ☐ Employed | | |
| | attach a separate page with information about additional employers. | Employment status | | | | | ot employed | | |
| | Include part-time, seasonal, | Occupation | | | | | | | |
| | self-employed work. | Employer's name | | | | | | | |
| | Occupation may include study or homemaker, if it applies. | lent Employer's address | | | | | | | |
| | | How long employed t | here? | | | | | | |
| Pai | t 2: Give Details Abou | Monthly Income | | | | | | | |
| | mate monthly income as of use unless you are separated. | he date you file this form. If | you have nothing to r | eport for | any | line, write \$0 in | the space. I | nclude your no | n-filing |
| • | ou or your non-filing spouse ha e space, attach a separate she | | ombine the informatio | on for all e | emplo | oyers for that pe | erson on the | lines below. If | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | | salary, and commissions (b thly, calculate what the month | | 2. | \$ | 0.0 | 90 \$ | 0.00 | |
| 3. | Estimate and list monthly | overtime pay. | | 3. | +\$ | 0.0 |)0 +\$ _ | 0.00 | |
| 4. | Calculate gross Income. A | dd line 2 + line 3. | | 4. | \$ | 0.00 | \$ | 0.00 | |

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| | tor 1 tor 2 | Dennis W Jeffrey Linda S Jeffrey | _ | С | ase numbei | (if know | n) | | | | |
|-----|--------------------|---|-------------------|-----|-----------------|----------------------|-----|------------------|---------------|------------------------|--|
| | 0 | va Para A Laura | 4 | | For Debto | | | For Donon-fi | | pouse | |
| | Cop | by line 4 here | 4. | | \$ | 0.0 | 0 | \$ | | 0.00 | <u>)</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 0.0 | 0 | \$ | | 0.00 |) |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | 0.0 | _ | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 0.0 | 0 | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ | 0.0 | 0 | \$ | | 0.00 |) |
| | 5e. | Insurance | 5e. | | \$ | 0.0 | 0 | \$ | | 0.00 |) |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.0 | 0 | \$ | | 0.00 |) |
| | 5g. | Union dues | 5g. | | \$ | 0.0 | | \$ | | 0.00 |) |
| | 5h. | Other deductions. Specify: | 5h. | .+ | \$ | 0.0 | 0 | + \$ | | 0.00 |) |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | (| \$ | 0.0 | 0 | \$ | | 0.00 | <u>) </u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | , | \$ | 0.0 | 0 | \$ | | 0.00 | <u>) </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ | 0.0 | 10 | \$ | | 0.00 | • |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.0 | | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.0 | 0 | \$ | | 0.00 | _) |
| | 8d. | Unemployment compensation | 8d. | | \$ | 0.0 | 0 | \$ | | 0.00 |) |
| | 8e. | Social Security | 8e. | | \$ | 0.0 | 0 | \$ | 1, | 449.00 | <u> </u> |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8f. 8g. 8h. | | \$ \$1 \$ | 0.0 ,882.8 0.0 | | \$ \$ + \$ | 1, | 0.00 055.05 0.00 | <u>5</u> |
| • | | · · · · · · · · · · · · · · · · · · · | _ | | | | | - | | | _ |
| 9. | Aac | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 1 | ,882.8 | 57 | \$ | - 2 | 2,504.0 | 15 |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 1,882 | 87 + | \$_ | 2,50 | 4.05 | = \$ | 4,386.92 |
| 44 | | <u> </u> | , L | | | | | | | | |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not scify: | depe | | . , | | | | hedule 11. | 4 | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | 12. | \$ | 4,386.92 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | ι | Combi month | ined ly income |
| | | No. Yes Explain: | | | | | | | | | |

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| Detator 1 Dennis W Jeffrey | | | | | | | | | |
|--|-------------------|--|---|---------------------------------------|----------------------------|--|-------------|--|---|
| Debtor 2 Linda S Jeffrey | Fill | in this informa | tion to identify yo | our case: | | | | | |
| Debtor 2 Linda S Jeffrey A supplement showing possipation chapter (Spouse), if sling) Sopose, if sling) | Deb | otor 1 | Dennis W Je | ffrey | | | | | |
| Case number (It known) Comparison Compa | | | Linda S Jeffr | rey | | | | A supplement sho | owing postpetition chapter |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I: Describe Your Household Is this a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No. Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? No Do not list Debtor 1 and Pyes. Fill out this information for each dependent | Unit | ed States Bankr | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLING | OIS | | MM / DD / YYYY | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household | | | | | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: | Of | fficial Fo | rm 106J | | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: | Sc | chedule | J. Your l | Expen | ISES | | | | 12/1 |
| Is this a joint case? No. Go to line 2. No Special Possible | Be info nur | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer ever | possible. eded, atta y question | If two married people are | | | | for supplying correct |
| No. Go to line 2. | | | | hold | | | | | |
| No | | - | | | | | | | |
| No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. | | | | in a separa | ate household? | | | | |
| Do not list Debtor 1 and | | ■ N | 0 | | | for Separate House | ehold of De | btor 2. | |
| Do not list Debtor 1 and | 2 | Do you have | e denendents? | ■ No | | | | | |
| dependents names. Yes No Yes Yes No Yes Yes Yes No Yes | ۷. | Do not list D | • | _ | | | | • | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: | | | | | | | | | ☐ Yes ☐ No ☐ Yes |
| expenses of people other than yourself and your dependents? Part 2: | | _ | | | | | | | □ No |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | 3. | expenses o | f people other tl | han 👝 | | | | | |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 1,111.75 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 4d. \$ 0.00 | Est exp | imate your ex enses as of a | cpenses as of yo | our bankrı | iptcy filing date unless y | ou are using this fo lemental <i>Schedule</i> | orm as a s | supplement in a Ch the box at the top | napter 13 case to report of the form and fill in the |
| payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4. \$ 1,111.75 4. \$ 0.00 4b. \$ 0.00 4c. Homeowner's association or condominium dues 4d. \$ 0.00 | the | value of sucl | h assistance an | | | | | Your exp | penses |
| 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 4d. \$ 0.00 | 4. | | | | - | nclude first mortgage | e 4. | \$ | 1,111.75 |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 | | If not includ | led in line 4: | | | | | | |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 | | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | • | • | | | | | · | 0.00 |
| | | | | | | | | | |
| | 5. | | | | | me equity loans | | · | |

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| | tor 1 tor 2 | Dennis \ Linda S | W Jeffrey Jeffrev | Case num | iber (if known) | |
|-----|------------------|---------------------------------------|---|----------|---|----------------------------|
| • | | | <u> </u> | | · – | |
| 6. | Utiliti 6a. | | , heat, natural gas | 6a. | \$ | 150.00 |
| | 6b. | • | wer, garbage collection | 6b. | | 75.00 |
| | 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | | 440.00 |
| | 6d. | Other. Sp | | 6d. | · | 0.00 |
| 7. | Food | | ekeeping supplies | 7. | \$ | 600.00 |
| 8. | | | children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | hing, laund | Iry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Perso | onal care p | products and services | 10. | \$ | 100.00 |
| 11. | Medi | ical and de | ntal expenses | 11. | \$ | 440.00 |
| 12. | | • | . Include gas, maintenance, bus or train fare. | 40 | • | 250.00 |
| 4.0 | | | ar payments. | 12. | · | |
| | | | clubs, recreation, newspapers, magazines, and books | 13. | | 50.00 |
| | | | tributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insur | | pourones deducted from your pay or included in lines 4 or 20 | | | |
| | | Life insura | nsurance deducted from your pay or included in lines 4 or 20. | 15a. | \$ | 0.00 |
| | | Health ins | | 15b. | | 0.00 |
| | | Vehicle in | | 15c. | | 200.00 |
| | | | urance. Specify: | 15d. | · | 0.00 |
| 16. | | | nclude taxes deducted from your pay or included in lines 4 or 20. | | | 0.00 |
| | Speci | eify: | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | 170 | ¢ | 0.00 |
| | | | ents for Vehicle 1 | 17a. | · | 0.00 |
| | | | ents for Vehicle 2 | 17b. | * | 0.00 |
| | | Other, Sp. | - | 17c. | · · — — — — — — — — — — — — — — — — — — | 0.00 |
| 10 | | Other. Sp | • | 17d. | \$ | 0.00 |
| 10. | | | of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I). | | \$ | 0.00 |
| 19. | | | s you make to support others who do not live with you. | - | \$ | 0.00 |
| | Speci | | , | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 of this form or on Sch | | our Income. | |
| | 20a. | Mortgages | s on other property | 20a. | \$ | 0.00 |
| | 20b. | Real estat | te taxes | 20b. | | 0.00 |
| | 20c. | Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenar | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. | Homeown | ner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | er: Specify: | | 21. | +\$ | 0.00 |
| 22. | | | monthly expenses | | | |
| | 22a. / | Add lines 4 | through 21. | | \$ | 3,816.75 |
| | 22b. (| Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. / | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 3,816.75 |
| 23. | Calcu | ulate your | monthly net income. | | | |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,386.92 |
| | 23b. | Copy you | r monthly expenses from line 22c above. | 23b. | -\$ | 3,816.75 |
| | | | | | | |
| | 23c. | | our monthly expenses from your monthly income. t is your monthly net income. | 23c. | \$ | 570.17 |
| 24. | For ex modifi | xample, do yo ication to the o. | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | e or decrease because of a |
| | □Y€ | es. | Explain here: | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|----------------------|---|-----------------------------------|-------------------------------|----------------------|-----------------------------------|
| Debtor 1 | Dennis W Jeffrey | , | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Linda S Jeffrey | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| | | | | | |
| <u>Official Forr</u> | <u>m 106Dec</u> | | | | |
| Declarat | tion About a | n Individual | Debtor's Sch | edules | 12/15 |
| | | | | | 1210 |
| If two married po | eople are filing togethe | r. both are equally respor | sible for supplying correc | t information. | |
| | | ·,, · · · · · · · · · · · · · · · | g | | |
| | | | | | ent, concealing property, or |
| | y or property by fraud i l8 U.S.C. §§ 152, 1341, 1 | | ruptcy case can result in fi | nes up to \$250,000, | or imprisonment for up to 20 |
| years, or both. I | 10 0.5.6. 93 152, 1541, | 1313, and 3371. | | | |
| | | | | | |
| Sig | n Below | | | | |
| 0.9 | | | | | |
| Did you pa | y or agree to pay some | one who is NOT an attori | ney to help you fill out banl | kruptcy forms? | |
| — Na | | | | | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | ıptcy Petition Preparer's Notice, |
| | | | | Declaration, a | and Signature (Official Form 119) |
| | | | | | |
| Under pena | alty of perjury, I declare | that I have read the sumi | nary and schedules filed w | ith this declaration | and |
| | e true and correct. | | • | | |
| X /s/ Dor | nnis W Jeffrey | | X /s/ Linda S Je | offroy | |
| | s W Jeffrey | | Linda S Jeffre | | |
| | re of Debtor 1 | | Signature of Del | | |

Date May 16, 2018

Date May 16, 2018

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| Fill in | this infor | mation to identify you | ır case: | | | | | |
|-----------|------------------|----------------------------|---|--------------|-------------------------|------------------------------------|---------------|---------------------------------|
| Debto | r 1 | Dennis W Jeffre | ey . | | | | | |
| | | First Name | Middle Name | La | ast Name | | | |
| Debto | | Linda S Jeffrey First Name | Middle Name | 1. | ast Name | | | |
| (Spouse | if, filing) | Filst Name | Middle Name | Lo | ist ivallie | | | |
| United | States Ba | ankruptcy Court for the | NORTHERN DISTRICT | OF ILLING | DIS | | | |
| Case | number | | | | | | | |
| (if knowr | | | | | | | □ C | check if this is an |
| | | | | | | | a | mended filing |
| | | | | | | | | |
| Offic | cial Fo | rm 107 | | | | | | |
| | | | Affairs for Indivi | duale | Filing for B | Rankruntev | , | 4/1 |
| | | | | | | | | |
| | | | ible. If two married people , attach a separate sheet to | | | | | |
| | | n). Answer every que | | , 1113 10111 | i. On the top of an | y additional page | ss, write you | ii name and case |
| Part 1 | Give | Details About Your M | arital Status and Where Yo | u Lived R | efore | | | |
| I alt I | . Olve | Details About 10th W | arital Otatus and Where To | u Liveu B | CIOIC | | | |
| 1. W | hat is you | ır current marital stat | us? | | | | | |
| | I Married | 4 | | | | | | |
| _ | | | | | | | | |
| | | | | | | | | |
| 2. D | uring the | last 3 years, have you | lived anywhere other than | where yo | ou live now? | | | |
| | l No | | | | | | | |
| | | st all of the places you | lived in the last 3 years. Do r | not include | where you live nov | ٧. | | |
| _ | - L 1 4 B | | Datas Dalitas A | | Dahian O Balan A | 1.1 | | Datas Dahtas 0 |
| L | ebtor 1 P | rior Address: | Dates Debtor 1 | | Debtor 2 Prior Ac | idress: | | Dates Debtor 2 lived there |
| | | | | | | | | |
| | | | ver live with a spouse or le alifornia, Idaho, Louisiana, Ne | | | | | |
| Siaics (| and territor | nes incidae Anzona, o | amorria, idario, Lodisiaria, inc | ovada, ivo | w wextee, i dette iv | ico, rexas, wasii | ington and w | 71300113111.) |
| | l No | | | | | | | |
| | l Yes. M | ake sure you fill out So | hedule H: Your Codebtors (C | Official For | m 106H). | | | |
| D(0 | - | to the Occurrence of Ver | | | | | | |
| Part 2 | Expla | in the Sources of You | ur income | | | | | |
| 4. Di | id vou hav | ve anv income from e | mployment or from operati | ng a busi | ness during this v | ear or the two pr | evious caler | ndar vears? |
| Fi | II in the tot | al amount of income yo | ou received from all jobs and | all busine | sses, including part | -time activities. | | , |
| If : | you are fili | ing a joint case and you | I have income that you receive | ve togethe | r, list it only once ui | nder Debtor 1. | | |
| | l No | | | | | | | |
| | | Il in the details. | | | | | | |
| | | | Dalitan 4 | | | Dalata C | | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | | income e deductions and | Sources of inc Check all that a | | Gross income (before deductions |
| | | | oneck all that apply. | exclus | | Oneck all trial a | дрріў. | and exclusions) |
| | | | | | | | | |

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Dennis W Jeffrey

| De | btor 2 Lin | nda S Jeff | rey | | | Ca | se number (if known) | | |
|----|--|--------------------|---|---|--|---|---|---|---|
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | | | | |
| | List each | source and | the gross income from | each source separ | ately. Do r | not include income | that you listed in lin | e 4. | |
| | ■ No | | | | | | | | |
| | ☐ Yes. | Fill in the de | etails. | | | | | | |
| | | | Debtor | 1 | | | Debtor 2 | | |
| | | | | es of income be below. | each | s income from source re deductions and sions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | Certain Pa | yments You Made B | efore You Filed fo | r Bankrup | tcy | | | |
| 6. | ■ Yes. | During the No. Yes | attorney for this ban | has primarily consil, family, or househed for bankruptcy, ditor to whom you poon to include payments to an attorney for /19 and every 3 years ave primarily consider for bankruptcy, ditor to whom you por domestic support | sumer dek old purpos did you pa aid a total ents for do this bankr ars after th sumer dek did you pa aid a total obligations | ots. Consumer debete." y any creditor a toto of \$6,425* or more mestic support obliuptcy case. at for cases filed or ots. y any creditor a toto of \$600 or more ar | al of \$6,425* or moder in one or more pay gations, such as chan or after the date of al of \$600 or more? | re? ments and th ild support ar f adjustment. f adjustment. vou paid that Also, do not in | e total amount you nd alimony. Also, do |
| | Creditor | 5 Name and | u Address | Dates of payin | lent | paid | still owe | was uns p | ayment for |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corpo of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. | | | | | | al partner; corporation agent, including one fo | | |
| | Insider's | Name and | Address | Dates of paym | nent | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | insider? Include pa | lyments on (| you filed for bankrup debts guaranteed or co | • | | | | count of a d | lebt that benefited ar |
| | Insider's | Name and | Address | Dates of paym | nent | Total amount | Amount you | | this payment |
| | | | | | | paid | still owe | include cred | ditor's name |

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| | otor 1 otor 2 | Dennis W Jeffrey Linda S Jeffrey | Document F | Case number | (if known) | | | |
|-----|--|---|---------------------------|---|-----------------|--------------------------------|-----------------------|--|
| Par | t 4: | Identify Legal Actions, Repossessions, | and Foreclosures | | | | | |
| | List a | in 1 year before you filed for bankruptcy, Il such matters, including personal injury ca ications, and contract disputes. | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of th | e case | |
| | Den | Ilpoint Mortgage Servicing vs. nis Jeffrey & Linda Jeffrey CH-02192 | Foreclosure | First Municipal 50 W Washington St #1 Chicago, IL 60602 | 303 | ■ Pending □ On appe □ Conclude | | |
| 10. | Chec | in 1 year before you filed for bankruptcy, k all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | was any of your prope | erty repossessed, foreclosed | I, garnisi | hed, attached | l, seized, or levied? | |
| | | Creditor Name and Address Describe the Property Explain what happened | | | | | Value of the property | |
| | acco | n 90 days before you filed for bankruptc unts or refuse to make a payment becau No Yes. Fill in the details. | | uding a bank or financial in | stitution | , set off any a | mounts from your | |
| | Cred | litor Name and Address | Describe the action the | creditor took | Date a | action was | Amount | |
| | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | |
| | ■ No □ Yes | | | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | | | | | | |
| 13. | = 1 | in 2 years before you filed for bankruptcy No Yes. Fill in the details for each gift. | /, did you give any gifts | s with a total value of more t | han \$600 |) per person? | • | |
| | Gifts | s with a total value of more than \$600 person | Describe the gifts | | Dates the gi | you gave fts | Value | |
| | | on to Whom You Gave the Gift and ress: | | | | | | |
| 14. | = 1 | in 2 years before you filed for bankruptc y No Yes. Fill in the details for each gift or contrib | | s or contributions with a tota | al value d | of more than | \$600 to any charity? | |
| | Gifts more Chai | s or contributions to charities that total e than \$600 rity's Name | Describe what you | contributed | Dates contri | you buted | Value | |

Case 18-14243 Doc 1 Filed 05/16/18 Entered 05/16/18 11:00:18 Desc Main Document Page 42 of 66 Debtor 1 **Dennis W Jeffrey** Debtor 2 Linda S Jeffrey Case number (if known) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. П Yes. Fill in the details. Description and value of any property **Person Who Was Paid** Date payment Amount of transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You **Upright Law LLC Attorney Fees** 4/2018 \$400.00 79 West Monroe Fifith Floor Chicago, IL 60603 dgallagher@uprightlaw.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was property transferred Address payments received or debts made

paid in exchange Person's relationship to you

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Yes. Fill in the details.

Name of trust Description and value of the property transferred **Date Transfer was** made

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Debtor 1 Dennis W Jeffrey
Debtor 2 Linda S Jeffrey

Case number (if known)

| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Depos | sit Boxes, and Sto | orage Units | 5 | | | |
|-----|--|---|--------------------------------|-------------|--|---|--|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accou instrument | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables? | year before you filed fo | or bankruptcy, an | y safe dep | osit box or other deposit | ory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe t | the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit of | or place other than you | ur home within 1 | year befor | e you filed for bankruptcy | ? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | f Storage Facility Who else has or had access Describe the contents | | | | Do you still have it? | | |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | | | |
| 23. | Do you hold or control any property that so for someone. | meone else owns? Inc | lude any propert | y you borr | owed from, are storing fo | r, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe t | the property | Value | | |
| Par | t 10: Give Details About Environmental Info | ormation | | | | | | |
| For | the purpose of Part 10, the following definiti | ons apply: | | | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these | he air, land, soil, surfa | ce water, ground | • . | | | | |
| | Site means any location, facility, or property to own, operate, or utilize it, including dispose | • | environmental la | aw, whethe | er you now own, operate, | or utilize it or used | | |
| | Hazardous material means anything an env hazardous material, pollutant, contaminant, | | s as a hazardous | waste, haz | zardous substance, toxic | substance, | | |
| Rep | ort all notices, releases, and proceedings the | at you know about, reç | gardless of when | they occu | rred. | | | |
| 24. | Has any governmental unit notified you that | t you may be liable or | potentially liable | under or ir | n violation of an environm | ental law? | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental u Address (Number, ZIP Code) | nit Street, City, State and | | nmental law, if you it | Date of notice | | |

Entered 05/16/18 11:00:18 Case 18-14243 Doc 1 Filed 05/16/18 Desc Main Page 44 of 66 Document Debtor 1 **Dennis W Jeffrey** Debtor 2 Linda S Jeffrey Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Dennis W Jeffrey /s/ Linda S Jeffrey **Dennis W Jeffrey** Linda S Jeffrey Signature of Debtor 1 Signature of Debtor 2 Date May 16, 2018 **Date** May 16, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

> _. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No
□ Yes

■ No

Official Form 107

☐ Yes. Name of Person

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Debtor 1 Dennis W Jeffrey Linda S Jeffrey

da S Jeffrey Case number (if known)

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received , \$ 400.00

toward the flat fee, leaving a balance due of \$3,600.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:May 16, 2018 | right to appear in court to object. | |
|--|-------------------------------------|--|
| Signed: | | |
| /s/ Dennis W Jeffrey | /s/ David Gallagher | |
| Dennis W Jeffrey | David Gallagher | |
| | Attorney for the Debtor(s) | |
| /s/ Linda S Jeffrey | • | |
| Linda S Jeffrey | | |
| Debtor(s) | | |
| | | |
| Dennis W Jeffrey /s/ Linda S Jeffrey Linda S Jeffrey | David Gallagher | |

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

Case 18-14243 Doc 1 Filed 05/16/18 Entered 05/16/18 11:00:18 Desc Main Document Page 56 of 66

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Dennis W Jeffrey Linda S Jeffrey | | Case No. | |
|--------|--|---|---|-------------------------------------|
| 111.10 | _Linua 3 Jenney | Debtor(s) | Chapter | 13 |
| | DIGGLOGUEDE OF COMPENSAT | | | IDTOD (C) |
| | DISCLOSURE OF COMPENSAT | ION OF ATTO | RNEY FOR DE | ZBTOR(S) |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cer compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in Contemplation. | petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 |
| | Prior to the filing of this statement I have received | | \$ | 400.00 |
| | Balance Due | | \$ | 3,600.00 |
| 2. | \$_310.00 of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation | with any other person | unless they are meml | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render leg | al service for all aspec | ts of the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and rendering adv b. Preparation and filing of any petition, schedules, statement of c. Representation of the debtor at the meeting of creditors and of d. Representation of the debtor in adversary proceedings and of e. [Other provisions as needed] | f affairs and plan which confirmation hearing, a | n may be required; nd any adjourned hear | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does no | ot include the following | g service: | |
| | CER | TIFICATION | | |
| | I certify that the foregoing is a complete statement of any agreen bankruptcy proceeding. | nent or arrangement for | r payment to me for re | epresentation of the debtor(s) in |
| | May 16, 2018 | /s/ David Gallagh | er | |
| | Date Control of the C | David Gallagher Signature of Attorne | ev | |
| | | Upright Law LLC | | |
| | | 79 West Monroe Fifith Floor | | |
| | | Chicago, IL 6060 | 3 | |
| | | 312-546-4264 Fa | | |
| | | | ax: 844-402-1128 | |

Name of law firm

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$400.00 toward the flat fee, leaving a balance due of \$3,600.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: _5-15-15

Signed,

Dennis W Jeffrey

David Gallagher

Attorney for the Debtor(s)

Linda S Jeffrey

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

United States Bankruptcy Court Northern District of Illinois

| In re | Dennis W Jeffrey Linda S Jeffrey | | Case No. | |
|-------|---|--|------------------------------|---------------|
| | · | Debtor(s) | Chapter 13 | |
| | VI | ERIFICATION OF CREDITOR M | | 20 |
| | | Number of | Creditors: | 30 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credite | ors is true and correct to t | he best of my |
| Date: | May 16, 2018 | /s/ Dennis W Jeffrey | | |
| | | Dennis W Jeffrey | | |
| | | Signature of Debtor | | |
| Date: | May 16, 2018 | /s/ Linda S Jeffrey | | |
| | | Linda S Jeffrey | | |
| | | Signature of Debtor | | |

ACL Laboratories PO BOX 27901 Milwaukee, WI 53227

Advocate Christ Medical Center PO BOX 4256 Carol Stream, IL 60197

Advocate Medical Group 29368 Network Place Chicago, IL 60673

Aestehetic Denistry of Frankfort 10053 W. Lincoln Highway Frankfort, IL 60423

Convergent Outsourcing, Inc Po Box 9004 Renton, WA 98057

Credit First National Assoc Attn: BK Credit Operations Po Box 81315 Cleveland, OH 44181

Ditech Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709

Ditech Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709

ER Medical Associates of Paols LTD PO BOX 5969 Carol Stream, IL 60197

Heavner Beyers and Mihlar 111 East Main Street Decatur, IL 62523 High Tech Medical Park 0236 Momentum Place Chicago, IL 60689

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515

Kurtz Ambulance Service Inc. PO BOX 457 Wheeling, IL 60090

Magellan RS Medicare PO BOX 780019 Philadelphia, PA 19178

Malcom S. Gerald and Associates 332 S. Michigan Ave, Ste 600 Chicago, IL 60604

Midwest Anesthesiologists 3407 Momentum Place Chicago, IL 60689

Midwest Center for Digestive Helth PO BOX 7630 Gurnee, IL 60031

Midwest Diagnostics Pathology SC PO BOX 578 Park Ridge, IL 60068

Municipal Collection Services Inc. PO Box 327 Palos Heights, IL 60463

Ocwen Loan Servicing, Llc Attn: Research/Bankruptcy 1661 Worthington Road, Suite 100 West Palm Beach, FL 33409

Palos Health PO BOX 83239 Chicago, IL 60691

Pulmonary and Critical Care Consult PO BO X967 Tinley Park, IL 60477

Radiology Imaging Consultants SC PO BOX 71260 Chicago, IL 60694

Rcs Mtg 350 S. Grand Avenue Los Angeles, CA 90071

Regional Recovery Serv 5252 S Homan Ave Hammond, IN 46320

Shellpoint Mortgage Servicing Attn: Bankruptcy Po Box 10826 Greenville, SC 29603

State Collection Service Attention: Bankruptcy Po Box 6250 Madison, WI 53716

Village of Hazelcrest 17223 So Thrrop St. Hazel Crest, IL 60429